Duval County Epidemiology Surveillance Report

The Florida Department of Health (DOH) in Duval County, Epidemiology
September 2015

Public Health Surveillance

Surveillance is a key core public health function and has been defined as the regular collection, meaningful analysis, and routine dissemination of relevant data for providing opportunities for public health action to prevent and control disease. Surveillance is done for many reasons such as identifying cases of diseases posing immediate risk to communities, detecting clusters and monitoring trends of disease that may represent outbreaks, evaluating control and prevention measures and developing hypotheses for emerging diseases.

Within Duval County, surveillance data is obtained through:

- Reports of notifiable diseases and conditions by providers (Merlin)
- Laboratory data from the Bureau of Laboratories
- Emergency department (ED) syndromic surveillance as monitored through Electronic Surveillance System for the Early Notification of Community- based Epidemics (ESSENCE)
- Florida Poison Information Center Network (FPICN)
- ILINet Sentinel Provider Influenza Surveillance
- Passive reports from the community
  - Notifiable diseases
  - Outbreaks

Report Summary – September 2015

The month of September included a variety of surveillance and investigation activities within Duval County. These included monitoring enteric disease activity, influenza and RSV surveillance, and investigating numerous cases of reportable illness.

Influenza-like illness (ILI) activity is hovering around 1% and is increasing as flu season takes off. DOH-Duval continues to observe enteric illnesses.

Information on *the CDC Changes to Liberia Screening and Monitoring Guidance* is highlighted in the *Other Notable Trends and Statistics* section. Lastly, this edition's *notable investigation of the month* summarizes a recent GI illness in a local daycare center.

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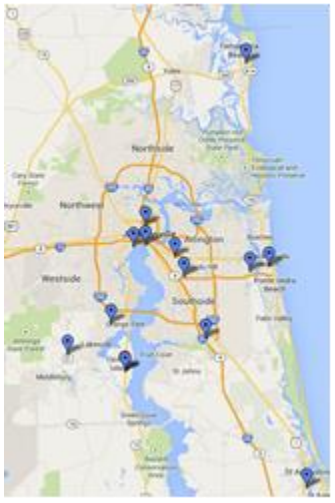
Notable Investigation of the Month
GI Cluster at a Duval County Daycare

On Wednesday September 30, DOH-Duval Epidemiology Program was contacted by a local daycare center regarding a possible GI cluster in two of their classrooms. The two classrooms affected consisted of a total of sixteen (16) children aged two (2) years and younger with a total of four (4) teachers. At the time of the report, five students had become ill, with the initial onset of September 25. A total of seven (7) students and one (1) teacher became ill by the time the last case was reported on October 6, 2015.

The only symptom reported by all cases was diarrhea, and the total duration of the illness lasted between 24-72 hours. Due to the short duration of the illness and symptomatology, the suspect organism was norovirus. Education was provided to the daycare regarding the prevention, monitoring and disinfection of enteric diseases in childcare facilities and a letter was sent out to the parents notifying them of the cluster. A site visit to the facility was made by epidemiology staff on October 2, 2015.

Two stool specimens were obtained and sent to the Bureau of Public Health Laboratories-Jacksonville for enteric disease panel and norovirus testing. All stool cultures and tests were negative. Due to the symptomatology and duration, ova and parasite testing was not recommended. To date, no new cases have been reported and all cases have returned to the facility.

Figure 1: ESSENCE Hospitals



The Florida Department of Health in Duval County www.DCHD.net **515 W. 6th Street, Jacksonville, FL 32206 (904) 253-1850**
Report prepared by Haley Zachary, MSPH - Haley.Zachary@flhealth.gov – All data are provisional

Enteric Disease Overview

Summary

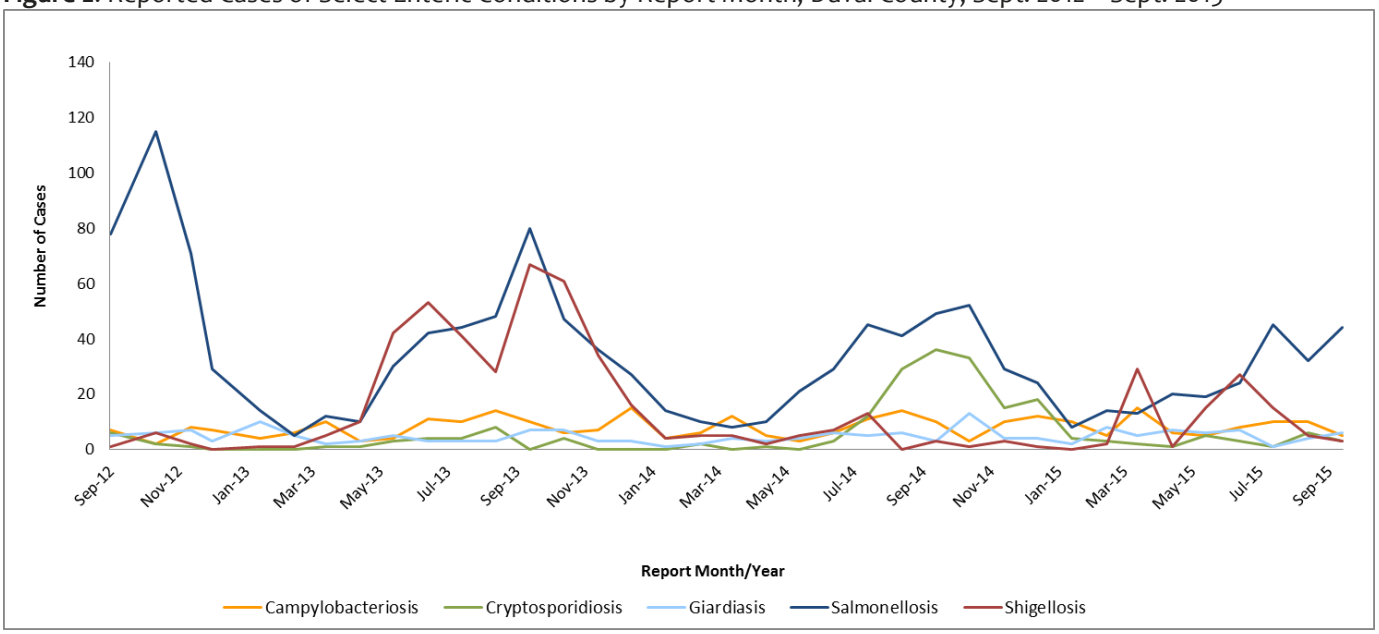
Reported cases of salmonellosis increased during the month of September (Figure 2). Forty-four (44) cases of salmonellosis were reported in September in Duval residents, which is lower than the expected number (Figure 2&3). The mean number of cases for the same time period during the previous five years was 68.0 cases for September. The most represented age group of reported cases of salmonellosis for 2015 occurred in the 0-4 age group (100/234, 42.7%). Cases of giardiasis also increased, with a total of six (6) cases, all other enteric diseases decreased in September, cryptosporidiosis (3), shigellosis (3), and campylobacteriosis (5)(Figure 2).

Norovirus activity remains low in Florida. During September, two outbreaks of norovirus or gastrointestinal illness (suspect viral gastroenteritis) were reported in the State of Florida. Two outbreaks of norovirus were reported during the month of August as well, one of which was in Duval County. (Source: FDENS EpiCom & DOH- Duval surveillance).

For prevention information, visit http://www.cdc.gov/norovirus/ & http://www.floridahealth.gov/diseases-and-conditions/norovirus-infection/index.html

ESSENCE Reportable Disease Surveillance Data

Figure 2: Reported Cases of Select Enteric Conditions by Report Month, Duval County, Sept. 2012 – Sept. 2015



Additional Enteric Disease Trends Update

Figure 3: Reported Cases of Salmonellosis by Report Week- Duval County - 2013-2015

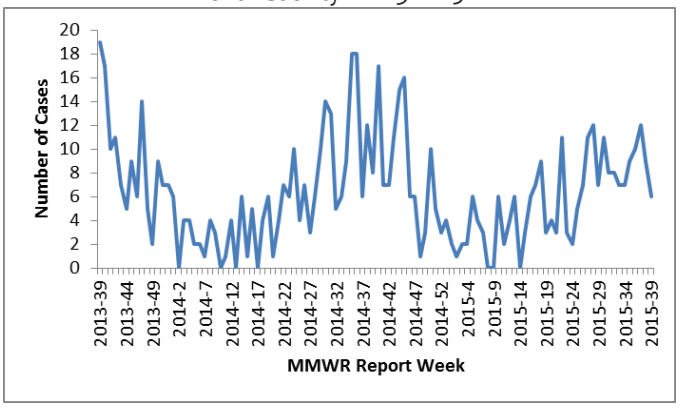
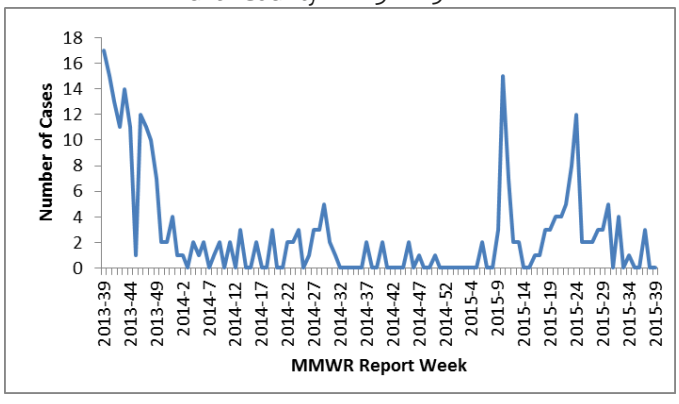


Figure 4: Reported Cases of Shigellosis Report Week- Duval County - 2013-2015



Respiratory Disease & ILI Overview

Summary

Currently, influenza-like illness (ILI) activity is at a low level but continues to increase as we move into influenza season. In Duval County, ED visits for ILI as monitored through ESSENCE increased to above 1% for the majority of September (Figure 7), and is expected to remain above 1% for the remainder of the flu season. In September, there were four (4) positive influenza results within Duval County that were tested at the Bureau of Public Health Labs (BPHL) -Jacksonville. ILI ED visits in the age group of <1-19 increased, which is most likely due to respiratory illness related to the return to school (Figure 6). Other viruses known to be currently circulating, potentially causing ILI, include rhinovirus, adenovirus, parainfluenza, enterovirus, and respiratory syncytial virus (RSV).

Comprehensive Statewide Influenza Surveillance: http://www.floridahealth.gov/diseases-and-conditions/influenza/Florida%20Influenza%20Surveillance%20Reports/index.html

Figure 5: Percentage of ILI from ED Chief Complaints, Florida ESSENCE - Duval County Participating Hospitals (n=8)

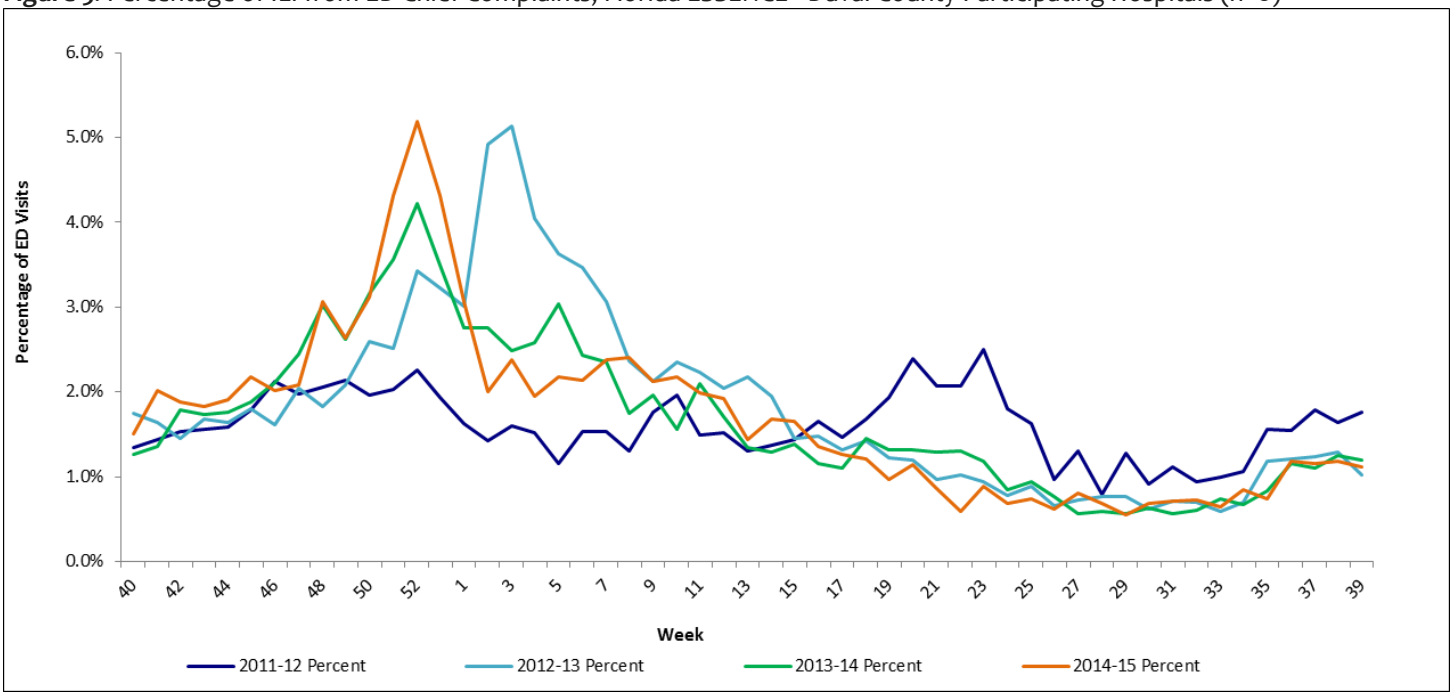
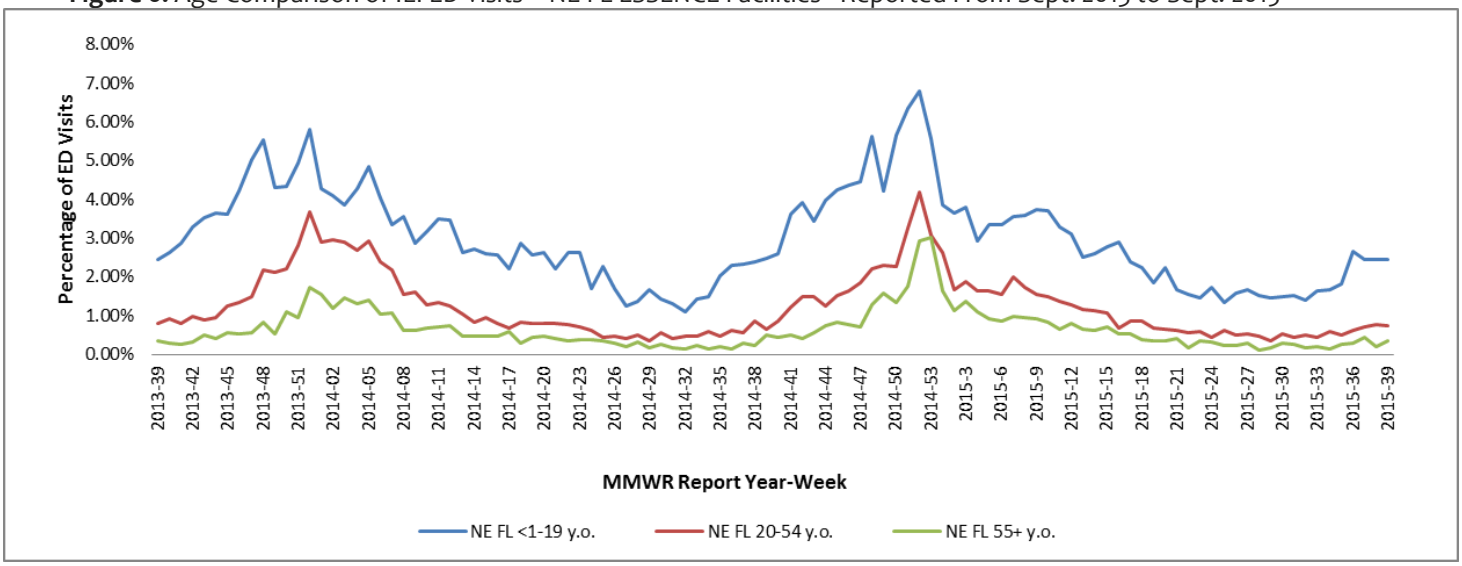


Figure 6: Age Comparison of ILI ED Visits – NE FL ESSENCE Facilities - Reported From Sept. 2013 to Sept. 2015



Respiratory Disease & ILI Overview Continued

Summary

Within the last month, four (4) specimens have tested positive for influenza (2 influenza B, Yamagata and 2 influenza A, unspecified) by the Bureau of Public Health Laboratories (BPHL). Influenza A H3 (5), influenza B, Florida (11) and influenza B, Yamagata (2) were the primary circulated strains detected by private labs (as reported through Electronic Lab Reporting (ELR), Figure 8**).**

Figure 7: Number of Specimens Tested by FL Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date – Week 39, 2012 to Week 39, 2015 as Reported by Merlin - Duval County

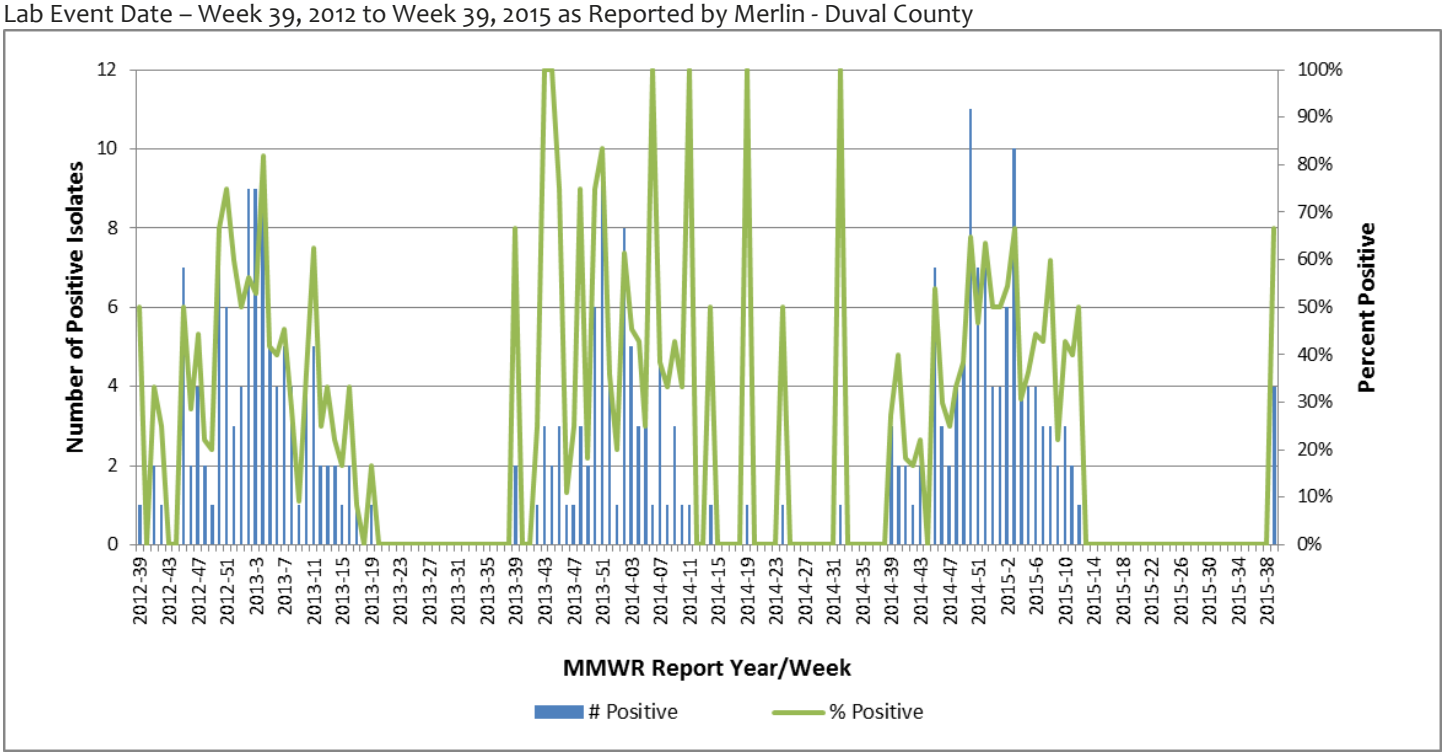
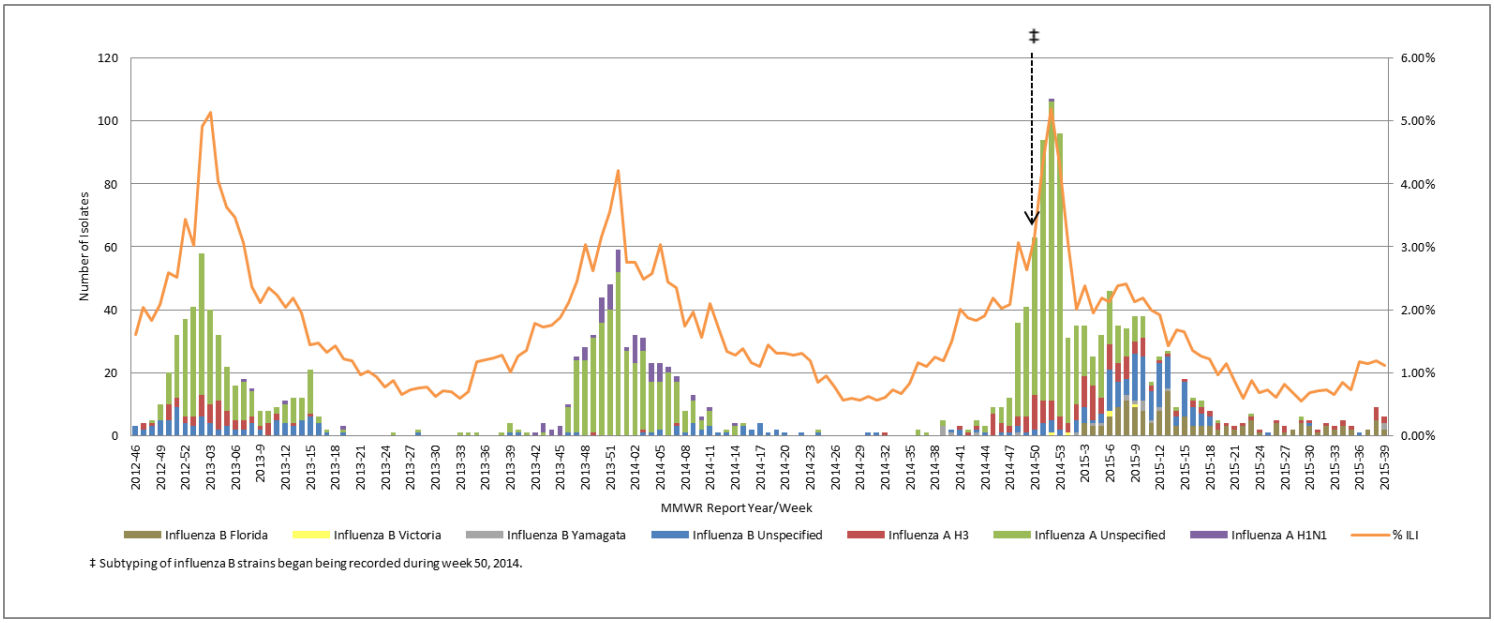


Figure 8: Number of Influenza-Positive Specimens Reported through Electronic Lab Reporting by Subtype by Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE ED data – Week 46, 2012 to Week 39, 2015 - Duval County



Respiratory Virus Surveillance (NREVSS N. Region)

Summary

Circulation of influenza and RSV increased during the month of September. RSV season for the North Region of Florida traditionally runs from September to March. The percent positive for influenza reported by local hospital data is .75% (2/264) (Figure 9 and Figure 10). The percent positive for RSV specimens during the month of September was 3.44% (7/203) (Figure11). In August, there were no positive tests for influenza via this reporting system and for RSV the percent positive was 1.02%.

Figure 9: Local Weekly Hospital Influenza A Surveillance Data- Reported From 9/22/2013-10/3/2015

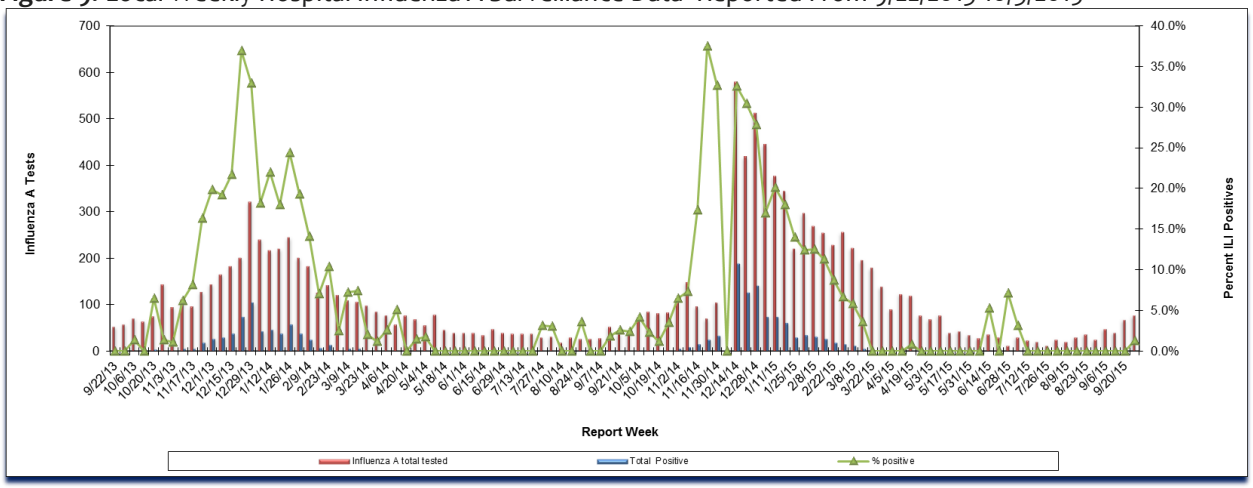


Figure 10: Local Weekly Hospital Influenza B Surveillance Data- Reported From 9/22/2013-10/3/2015

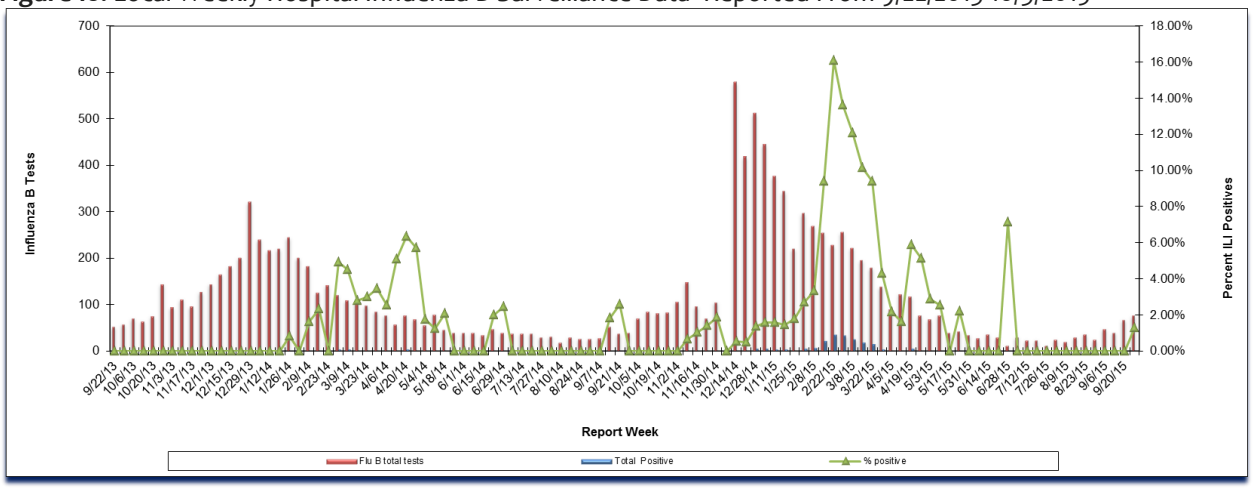
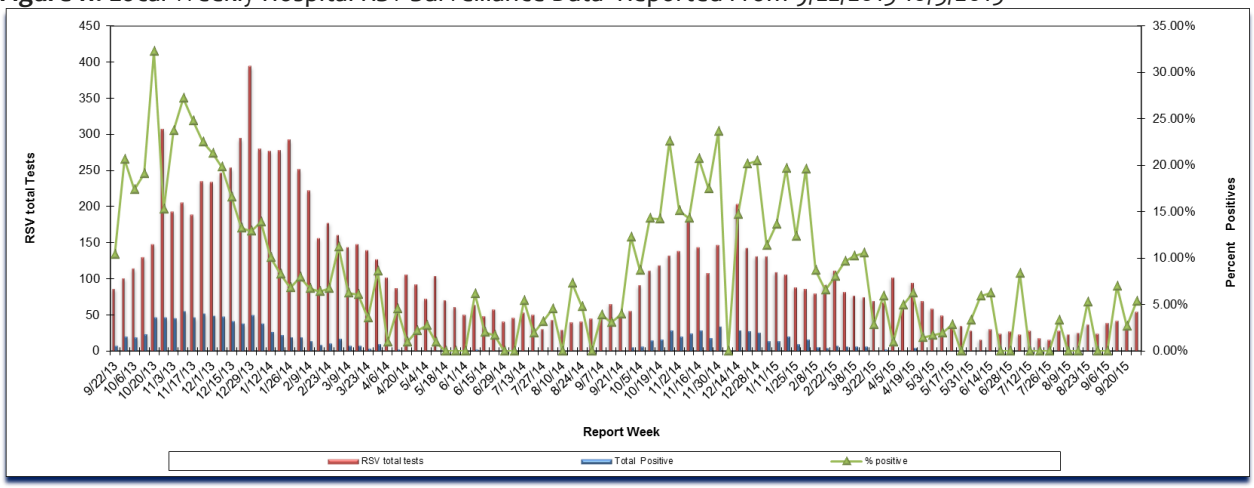


Figure 11: Local Weekly Hospital RSV Surveillance Data- Reported From 9/22/2013-10/3/2015



* Data was not reported for week 50, 2014

Florida Mosquito-Borne Disease Summary

MBI surveillance utilizes monitoring of arboviral seroconversions in sentinel chicken flocks, human surveillance, monitoring of mosquito pools, veterinary surveillance, and wild bird surveillance. MBI surveillance in Florida includes endemic viruses West Nile Virus (WNV), Eastern Equine Encephalitis Virus (EEEV), St. Louis Encephalitis Virus (SLEV), and Highlands J Virus (HJV), and exotic viruses such as Dengue Virus (DENV) and California Encephalitis Group Viruses (CEV). **Resources:** http://www.doh.state.fl.us/Environment/medicine/arboviral/index.html

Figure 11: Florida Arbovirus Surveillance (January 1- October 3, 2015)

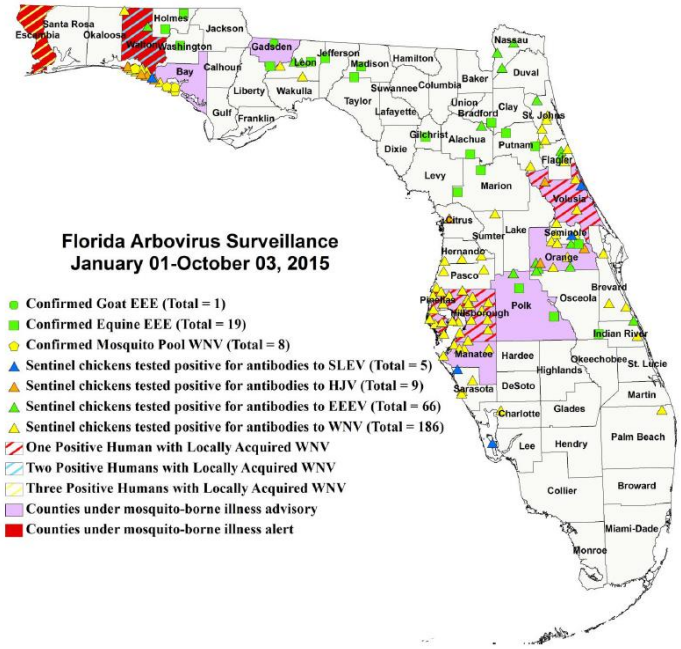


Table 1: Florida Mosquito-Borne Disease Surveillance Summary
Year to Date (through October 3, 2015)

Mosquito-Borne Disease	Human	Horses	Sentinel Chickens	Birds	Goats
West Nile Virus	8	-	186	-	-
St. Louis Encephalitis Virus	-	-	5	-	-
Highlands J Virus	-	-	9	-	-
California Encephalitis Group Viruses	-	-	-	-	-
Eastern Equine Encephalitis Virus	-	19	66	-	1

State of Florida 2015 Human Case Summary

West Nile Virus Illnesses Acquired in Florida: A total of eight human cases of WNV illness acquired in Florida have been reported in 2015; three in Escambia County (July and August), one in Hillsborough County (September), one in Pinellas County (July), one in Volusia County (July), and two in Walton County (June).

International Travel-Associated Chikungunya Fever Cases: Sixty cases of chikungunya with onset in 2015 have been reported in individuals with travel history to a chikungunya endemic country or area experiencing an outbreak in the two weeks prior to onset. Countries of origin were: Bolivia, Colombia (13), Ecuador, El Salvador (3), Guatemala (2), Haiti (2), Honduras (5), India (2), Jamaica (2), Mexico (8), Nicaragua (15), Puerto Rico (3), Trinidad and Tobago, Venezuela, and Virgin Islands. Counties reporting cases were: Brevard (2), Broward (8), Collier (2), Duval (2), Escambia, Hardee, Hillsborough (3), Lake, Martin, Miami-Dade (22), Monroe, Orange (3), Osceola, Palm Beach (4), Pinellas, Sarasota, Seminole (3), and Volusia (3).

International Travel-Associated Dengue Fever Cases: Thirty-eight cases of dengue with onset in 2015 have been reported in individuals with travel history to a dengue endemic country in the two weeks prior to onset. Countries of origin were: Bangladesh, Brazil (5), Colombia, Costa Rica, Cuba (11), Dominican Republic (3), Haiti (4), Honduras, India, Jamaica, Mexico, Philippines (2), Puerto Rico, Thailand, and Venezuela (4). Counties reporting cases were: Clay (2), Hernando, Hillsborough (3), Broward (5), Lee, Miami-Dade (18), Monroe (2), Orange, Palm Beach, St. Johns, St. Lucie (2), and Seminole. Five cases were reported in non-Florida residents. In 2015, 17 of the 38 cases of dengue reported in Florida have been serotyped by PCR. Additional serotyping and strain typing are being conducted.

International Travel-Associated Malaria Cases: Thirty-five cases of malaria with onset in 2015 have been reported. Countries of origin were: Angola, Cameroon (3), Dominican Republic (2), Eritrea, Gabon, Ghana (6), Guatemala, Haiti (4), India (4), Malawi, Niger, Nigeria (5), South Sudan, Sudan (2), Tanzania, and Uganda. Counties reporting cases were: Broward (7), Charlotte, Collier, Duval, Escambia, Hillsborough (2), Lee, Manatee, Monroe, Miami-Dade (11), Orange (2), Osceola, Pinellas, Palm Beach (3), and Sarasota. Nine of the cases were reported in non-Florida residents.

Twenty-eight cases (80%) were diagnosed with Plasmodium falciparum. Six cases were diagnosed with Plasmodium vivax (17%). One case (3%) was diagnosed with Plasmodium malariae.

Other notable trends and statistics

Notable Trends and Statistics- CDC Announces Changes to Liberia Screening and Monitoring Guidance

The United States has removed all enhanced screening and monitoring requirements for travelers from Liberia, effective Monday, September 21. This follows a CDC determination that the risk of Ebola importation into the United States by travelers from Liberia is low and that Liberia has implemented effective control measures. As a result of the announced changes:

- Travelers from Liberia will no longer be funneled through the five selected U.S. airports.
- CDC will no longer send Epi-X notices to state, local, and territorial health departments regarding travelers from Liberia.
- In accordance with other changes implemented in June 2015, travelers from Liberia will no longer undergo active monitoring, maintain daily contact with state health departments, or do "self-observation" for 21 days after departure from Liberia to check for symptoms consistent with Ebola.

Entry screening and monitoring will not change for travelers from Guinea or Sierra Leone, nor will it change for any travelers from Liberia who have also traveled to either Guinea or Sierra Leone within the previous 21 days.

CDC's *Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure* is located at **http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html**

Table 2: Tuberculosis (TB) Surveillance – Duval County - 1/1/2015 through 09/30/2015 – All data are provisional
Forty-three (43) cases of TB were reported by Duval County in 2014.

Demographics and risk factors of TB cases reported year-to-date for 2015

	Count	Total Cases	Percent
Gender			
Male	24	37	64.9%
Female	13	37	35.1%
Country of Origin			
U.S.	29	37	78.4%
Non-U.S.	8	37	21.6%
Age Group			
0-9	4	37	10.8%
10-19	7	37	18.9%
20-29	0	37	0.0%
30-39	5	37	13.5%
40-49	7	37	18.9%
50-59	7	37	18.9%
≥ 60	7	37	18.9%

	Count	Total Cases	Percent
Risk Factors			
Excess alcohol use within past year	9	37	24.3%
HIV co-infection*	3	37	8.1%
Drug use within past year	9	37	24.3%
Homeless	6	37	16.2%
Incarcerated at diagnosis	0	37	0.0%
Unemployed	17	37	45.9%
Race/ Ethnicity			
Asian	5	37	13.5%
Black	20	37	54.1%
White	12	37	32.4%
Hispanic**	2	37	5.4%
Drug Resistance			
Resistant to isoniazid***	1	22	4.5%

* 2 people has not been offered HIV testing at the time of this report

** Ethnicity is separate from race. A person can be in a race count and in ethnicity (e.g. White Hispanic)

*** For drug resistance testing, the total cases reflect the cases that have susceptibility testing completed.

For more tuberculosis surveillance data see: http://www.floridahealth.gov/diseases-and-conditions/tuberculosis/tb-statistics/

Recently Reported Diseases/Conditions in Florida

Table 3: Provisional Cases* of Selected Notifiable Disease, Duval County, Florida, September 2015

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2015	2014	Mean†	Median¶	2015	2014	2015	2014	Mean†	Median¶	2015	2014
A. Vaccine Preventable Diseases												
Diphtheria	**0**	0	0	0	0	0	**0**	0	0	0	0	0
Measles	**0**	0	0	0	0	0	**0**	0	0.2	0	11	0
Mumps	**0**	0	0	0	0	0	**2**	1	0.8	1	10	1
Pertussis	**0**	4	3.8	4	30	46	**30**	45	43	36	269	631
Rubella	**0**	0	0	0	0	0	**0**	0	0	0	1	0
Tetanus	**0**	0	0	0	0	0	**0**	0	0	0	2	2
Varicella	**5**	7	4.2	3	36	37	**94**	65	64	64	595	441
B. CNS Diseases & Bacteremias												
Creutzfeldt-Jakob Disease	**0**	0	0	0	0	0	**3**	0	1.4	0	24	13
H. influenzae (invasive)	**13**	1	1.2	1	21	14	**76**	9	13.4	14	196	212
Meningitis (bacterial, cryptococcal, mycotic)	**1**	0	0.6	1	11	13	**10**	9	11.6	12	101	98
Meningococcal Disease	**0**	0	0	0	0	2	**3**	5	4.2	5	21	35
Staphylococcus aureus (VISA)	**0**	0	0	0	1	0	**0**	3	1	0	5	3
Staphylococcus aureus (VRSA)	**0**	0	0	0	0	0	**0**	0	0	0	0	0
Streptococcus pneumoniae (invasive disease)												
Drug resistant	**3**	1	1.2	1	12	15	**16**	10	26.6	30	129	343
Drug susceptible	**1**	0	2	2	6	20	**14**	8	28.2	31	197	347
C. Enteric Infections												
Campylobacteriosis	**5**	11	6.8	7	75	74	**165**	164	155	164	1712	1751
Cryptosporidiosis	**3**	36	9.4	3	29	84	**153**	487	134.2	45	705	1336
Cyclosporiasis	**0**	0	0	0	1	0	**1**	1	1.4	1	22	29
E. coli: Shiga Toxin-Producing (STEC)	**2**	0	1.2	0	6	2	**23**	9	9.8	9	87	99
Giardiasis	**6**	3	7	6	47	34	**122**	105	137.8	110	808	872
Hemolytic Uremic Syndrome	**0**	0	0.4	0	0	0	**0**	1	1	1	4	5
Listeriosis	**0**	1	0.6	0	0	2	**2**	5	4.4	5	33	31
Salmonellosis	**46**	52	68	79	225	243	**771**	787	832.6	828	4247	4225
Shigellosis	**3**	3	16.8	5	98	46	**114**	131	137	131	1456	1857
Typhoid Fever	**0**	0	0.2	0	0	0	**0**	0	1	1	6	12

Recently Reported Diseases/Conditions in Florida

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2015	2014	Mean†	Median¶	2015	2014	2015	2014	Mean†	Median¶	2015	2014
D. Viral Hepatitis												
Hepatitis A	**1**	0	0.4	0	2	0	**12**	11	17	17	103	87
Hepatitis B, Acute	**0**	1	1.2	1	14	10	**42**	45	31.6	27	382	299
Hepatitis B +HBsAg in pregnant women	**6**	4	3.4	4	27	38	**38**	54	38.6	35	355	396
Hepatitis C, Acute	**0**	2	0.6	0	3	10	**16**	14	16.6	14	138	149
E. Vector Borne, Zoonoses												
Animal Rabies	**0**	0	0.4	0	0	1	**8**	9	10.4	9	55	68
Chikungunya Fever	**0**	4	0.8	0	2	7	**12**	72	14.4	0	116	274
Ciguatera	**0**	0	0	0	0	0	**16**	8	3.6	2	43	58
Dengue Fever	**0**	0	0.2	0	0	0	**6**	8	22.2	20	41	76
Eastern Equine Encephalitis††	**0**	0	0	-	0	0	**0**	0	0	-	0	1
Ehrlichiosis/Anaplasmosis¶¶	**0**	0	0	-	0	1	**5**	0	2	-	23	31
Leptospirosis	**0**	0	0	0	0	0	**2**	0	0.2	0	3	0
Lyme Disease	**0**	0	0.2	0	2	1	**24**	20	16.6	19	142	117
Malaria	**0**	0	0.8	1	2	1	**4**	4	7.8	7	38	52
St. Louis Encephalitis††	**0**	1	0.2	-	0	1	**0**	1	0.2	-	0	1
West Nile Virus††	**0**	1	2	-	0	1	**3**	8	8.8	-	10	12
F. Others												
Botulism-infant	**0**	0	0	0	0	0	**0**	0	0.2	0	0	0
Brucellosis	**0**	0	0	0	0	1	**0**	0	0.4	0	8	3
Carbon Monoxide Poisoning	**0**	4	0.8	0	2	5	**23**	6	13.2	10	171	98
Hansens Disease (Leprosy)	**0**	0	0	0	2	0	**2**	0	0.6	1	17	6
Legionellosis	**2**	0	0.4	0	16	7	**31**	27	23.2	25	250	230
Vibrios	**1**	2	0.8	-	8	7	**24**	18	17	-	158	126

***** Confirmed and probable cases based on date of report as reported in Merlin to the Bureau of Epidemiology. Incidence data for 2015 is provisional. **May include Non-Florida Cases.**

† Mean of the same month in the previous five years

¶ Median for the same month in the previous five years

****** Includes *E. coli* O157:H7; shiga-toxin positive, serogroup non-O157; and shiga-toxin positive, not serogrouped, (Please note that suspect cases are not included in this report)

†† Includes neuroinvasive and non-neuroinvasive

¶¶ Includes *E. ewingii*, HGE, HME, and undetermined

Recently Reported Diseases/Conditions in Florida

Table 4: Duval County Reported Sexually Transmitted Disease for Summary for September 2015- All STD numbers are provisional.
For more STD surveillance data see: http://www.floridahealth.gov/diseases-and-conditions/sexually-transmitted-diseases/std-statistics/

Infectious and Early Latent Syphilis Cases

Sex	Area 4	%	Duval	%
Male	7	88%	7	88%
Female	1	13%	1	13%
Race	**Area 4**	**%**	**Duval**	**%**
White	1	13%	1	13%
Black	6	75%	6	75%
Hispanic	0	0%	0	0%
Other	1	13%	1	13%
Age	**Area 4**	**%**	**Duval**	**%**
0-14	0	0%	0	0%
15-19	0	0%	0	0%
20-24	2	25%	2	25%
25-29	3	38%	3	38%
30-39	1	13%	1	13%
40-49	1	13%	1	13%
50+	1	13%	1	13%
Total Cases	8		8	

Chlamydia Cases

Sex	Area 4	%	Duval	%
Male	186	36%	154	39%
Female	325	64%	244	61%
Race	**Area 4**	**%**	**Duval**	**%**
White	111	22%	65	16%
Black	211	41%	199	50%
Hispanic	20	4%	17	4%
Other	169	33%	117	29%
Age	**Area 4**	**%**	**Duval**	**%**
0-14	0	0%	6	2%
15-19	140	27%	97	24%
20-24	178	35%	136	34%
25-29	117	23%	99	25%
30-39	56	11%	43	11%
40-54	16	3%	13	3%
55+	4	1%	4	1%
Total Cases	511		398	

Gonorrhea Cases

Sex	Area 4	%	Duval	%
Male	87	54%	76	57%
Female	75	46%	58	43%
Race	**Area 4**	**%**	**Duval**	**%**
White	36	22%	21	16%
Black	93	57%	86	64%
Hispanic	1	1%	1	1%
Other	32	20%	26	19%
Age	**Area 4**	**%**	**Duval**	**%**
0-14	0	0%	0	0%
15-19	17	10%	14	10%
20-24	51	31%	37	28%
25-29	41	25%	38	28%
30-39	30	19%	24	18%
40-54	20	12%	18	13%
55+	3	2%	3	2%
Total Cases	162		134	

* Area 4 consists of Baker, Clay, Duval, Nassau, and St. Johns

Data Dictionary

Merlin: The Merlin system is essential to the control of disease in Florida. It serves as the state's repository of reportable disease case reports, and features automated notification of staff about individual cases of high-priority diseases. All reportable disease data presented for this report has been abstracted from Merlin, and as such are provisional. Data collected in Merlin can be viewed using http://www.floridacharts.com/merlin/freqrpt.asp.
Event Date: Reportable diseases and conditions presented within this report are reported by event date. This is the earliest date associated with the case. In most instances, this date represents the onset of illness. If this date is unknown, the laboratory report date is utilized as the earliest date associated with a case.

ILINet (previously referred to as the *Sentinel Provider Influenza Surveillance Program*): The Outpatient Influenza-like Illness Surveillance Network (ILINet) consists of more than 3,000 healthcare providers in all 50 states, the District of Columbia, and the U.S. Virgin Islands reporting over 25 million patient visits each year. Each week, approximately 1,400 outpatient care sites around the country report data to CDC on the total number of patients seen and the number of those patients with ILI by age group. For this system, ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza. The percentage of patient visits to healthcare providers for ILI reported each week is weighted on the basis of state population. This percentage is compared each week with the national baseline of 2.5%. Duval County has 5 ILInet providers that contribute to the state and national data.

NREVSS: The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors temporal and geographic patterns associated with the detection of respiratory syncytial virus (RSV), human parainfluenza viruses (HPIV), respiratory and enteric adenoviruses, and rotavirus.

MMWR week: The week of the epidemiologic year for which the National Notifiable Diseases Surveillance System (NNDSS) disease report is assigned by the reporting local or state health department for the purposes of *Morbidity and Mortality Weekly Report* (*MMWR*) disease incidence reporting and publishing. Values for *MMWR* week range from 1 to 53, although most years consist of 52 weeks.

Syndromic Surveillance: An investigational approach where epidemiologists use automated data acquisition and generation of statistical signals, monitor disease indicators continually (real time) or at least daily (near real time) to detect outbreaks of diseases earlier and more completely than might otherwise be possible with traditional public health surveillance (e.g., reportable disease surveillance and telephone consultation).

ESSENCE: The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (**ESSENCE**) is a syndromic surveillance system for capturing and analyzing public health indicators for early detection of disease outbreaks. ESSENCE utilizes hospital emergency department chief complaint data to monitor disease indicators in the form of syndromes for anomalies. ESSENCE performs automatic data analysis, establishing a baseline with a 28-day average. Daily case data is then analyzed against this baseline to identify statistically significant increases. A yellow flag indicates a warning and a red flag indicates an alert. Currently, all eight Duval County Hospitals are sending ED data to the ESSENCE system; an additional 5, three in Clay, one in St Johns, and one in Nassau County, provide regional coverage. The 13 reporting hospitals in our region include Baptist Beaches (Duval), Baptist Clay (Clay), Baptist Downtown (Duval), Baptist Nassau (Nassau), Baptist South (Duval), Flagler (St. Johns), Memorial (Duval), Mayo (Duval), Orange Park (Clay), Shands Jacksonville (Duval), St. Vincent's (Duval), St. Vincent's Clay (Clay), and St. Vincent's Southside (Duval).

Chief Complaint (CC): The concise statement describing the symptom, problem, condition, diagnosis, physician recommended return, or other factor that is the reason for a medical encounter.

Syndrome: A set of chief complaints, signs and/or symptoms representative of a condition that may be consistent with a CDC defined disease of public health significance. ESSENCE syndrome categories include botulism-like, exposure, fever, gastrointestinal, hemorrhagic, ILI, neurological, rash, respiratory, shock/coma, injury, and other.

Count: The number of emergency department visits relating to a syndrome of query.

Other Links and Resources:
Florida Department of Health, Bureau of Epidemiology: http://www.doh.state.fl.us/disease_ctrl/epi/index.html
Florida Annual Morbidity Reports: http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/data-and-publications/fl-amsr1.html
Influenza Surveillance Reports:
http://www.floridahealth.gov/diseases-and-conditions/influenza/florida-influenza-weekly-surveillance.htm

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Effective June 4, 2014

Did you know that you are required* to report certain diseases to your local county health department?

DOH-Duval Disease reporting telephone numbers:
AIDS, HIV - (904) 253-2989, (904) 253-2955
STD - (904) 253-2974, Fax - (904) 253-2601
TB Control - (904) 253-1070, Fax - (904) 253-1943
All Others- (904) 253-1850, Fax - (904) 253-1851
After Hours Emergency - (904) 434-6035

!	Report immediately 24/7 by phone upon initial suspicion or laboratory test order
☎	Report immediately 24/7 by phone
•	Report next business day
+	Other reporting timeframe

- ! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance
- \+ Acquired immune deficiency syndrome (AIDS)
- ☎ Amebic encephalitis
- ! Anthrax
- • Arsenic poisoning
- • Arboviral diseases not otherwise listed
- ! Botulism, foodborne, wound, and unspecified
- • Botulism, infant
- ! Brucellosis
- • California serogroup virus disease
- • Campylobacteriosis
- \+ Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors
- • Carbon monoxide poisoning
- • Chancroid
- • Chikungunya fever
- ☎ Chikungunya fever, locally acquired
- • Chlamydia
- ! Cholera (*Vibrio cholerae* type O1)
- • Ciguatera fish poisoning
- \+ Congenital anomalies
- • Conjunctivitis in neonates <14 days old
- • Creutzfeldt-Jakob disease (CJD)
- • Cryptosporidiosis
- • Cyclosporiasis
- • Dengue fever
- ☎ Dengue fever, locally acquired
- ! Diphtheria
- • Eastern equine encephalitis
- • Ehrlichiosis/anaplasmosis
- • *Escherichia coli* infection, Shiga toxin-producing
- • Giardiasis, acute
- ! Glanders
- • Gonorrhea
- • Granuloma inguinale
- ! *Haemophilus influenzae* invasive disease in children <5 years old
- • Hansen's disease (leprosy)
- ☎ Hantavirus infection
- ☎ Hemolytic uremic syndrome (HUS)
- ☎ Hepatitis A
- • Hepatitis B, C, D, E, and G
- • Hepatitis B surface antigen in pregnant women or children <2 years old
- ☎ Herpes B virus, possible exposure
- • Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old
- \+ Human immunodeficiency virus (HIV) infection
- • HIV, exposed infants <18 months old born to an HIV-infected woman
- • Human papillomavirus (HPV), associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children <12 years old
- ! Influenza A, novel or pandemic strains
- ☎ Influenza-associated pediatric mortality in children <18 years old
- • Lead poisoning
- • Legionellosis
- • Leptospirosis
- ☎ Listeriosis
- • Lyme disease
- • Lymphogranuloma venereum (LGV)
- • Malaria
- ! Measles (rubeola)
- ! Melioidosis
- • Meningitis, bacterial or mycotic
- ! Meningococcal disease
- • Mercury poisoning
- • Mumps
- \+ Neonatal abstinence syndrome (NAS)
- ☎ Neurotoxic shellfish poisoning
- ☎ Pertussis
- • Pesticide-related illness and injury, acute
- ! Plague
- ! Poliomyelitis
- • Psittacosis (ornithosis)
- • Q Fever
- ☎ Rabies, animal or human
- ! Rabies, possible exposure
- ! Ricin toxin poisoning
- • Rocky Mountain spotted fever and other spotted fever rickettsioses
- ! Rubella
- • St. Louis encephalitis
- • Salmonellosis
- • Saxitoxin poisoning (paralytic shellfish poisoning)
- ! Severe acute respiratory disease syndrome associated with coronavirus infection
- • Shigellosis
- ! Smallpox
- ☎ Staphylococcal enterotoxin B poisoning
- ☎ *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)
- • *Streptococcus pneumoniae* invasive disease in children <6 years old
- • Syphilis
- ☎ Syphilis in pregnant women and neonates
- • Tetanus
- • Trichinellosis (trichinosis)
- • Tuberculosis (TB)
- ! Tularemia
- ☎ Typhoid fever (*Salmonella* serotype Typhi)
- ! Typhus fever, epidemic
- ! Vaccinia disease
- • Varicella (chickenpox)
- ! Venezuelan equine encephalitis
- • Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)
- ! Viral hemorrhagic fevers
- • West Nile virus disease
- ! Yellow fever

*Section 381.0031 (2), *Florida Statutes* (*F.S.*), provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, Section 381.0031 (4), *F.S.* provides that "The department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners..."